CHANGE OF ADDRESS REQUEST Assessor's Use Only Instructions for completing the By_____ Date_ Change of Address Request: 1. Enter the assessment number. List additional 2. Enter the name and new assessment Assessment No. ___ address. numbers on 3. For additional parcels with the the back. same address change, enter Name the assessment numbers on the back. c/o 4. Request must be signed by the owner or officer. Address 5. Return completed request to: County Assessor's Office State _____ Zip Code _ City 1055 Monterey St., Suite D360 San Luis Obispo, CA 93408 NAME (Please print) SIGNATURE TITLE (Owner, partner, authorized officer, etc.) PHONE DATE ADDITIONAL PARCELS REQUIRING AN ADDRESS CHANGE

SLO-TF 7 (09/28/05)